



**HEALTH RESOURCES AND SERVICES ADMINISTRATION  
DIVISION OF SERVICE SYSTEMS  
TITLE I**

**RYAN WHITE CARE ACT  
TECHNICAL ASSISTANCE CONFERENCE CALL  
SERIES:**

**“THE MINORITY AIDS INITIATIVE”**

**Tuesday, April 16, 2002  
4:00 P.M. EST**

*Arranged by:*  
Health Resources and Services Administration,  
Division of Service Systems, Title I

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## **I. EXECUTIVE SUMMARY**

This report summarizes the proceedings of the April 16, 2002 Title I Technical Assistance Conference Call. The call, which focused on *The Minority AIDS Initiative* serves as one in a series of informational conference calls to provide technical assistance to EMAs and other Ryan White CARE Act constituents.

Doug Morgan, Director, Division of Service Systems (DSS), opened the call by providing pertinent DSS announcements and fielding questions related to the announcements. Following the question and answer session, Melanie Weiland, DSS Senior Public Health Analyst joined Mr. Morgan for the featured presentation. At the conclusion of the presentation, participants were given the opportunity to engage in direct dialogue with the presenters and have their questions answered.

## **II. HRSA DIVISION OF SERVICES SYSTEMS (DSS) ANNOUNCEMENTS**

**Doug Morgan, Director**  
**Division of Service Systems**

### **FISCAL YEAR 2002 SUBMISSIONS**

April 16, 2002 was the due date for the submission of revised budgets and Reflectiveness Tables for fiscal year 2002. Grantees should submit all outstanding documents as soon as possible.

### **THE ALL TITLES MEETING**

The All Titles Meeting is scheduled for August 20 - 23, 2002 at the Marriott Wardman Park Hotel in Washington, D.C. The Bureau will forward each grantee a formal invitation along with meeting logistics within the next week.

## **III. DSS ANNOUNCEMENTS: QUESTION & ANSWER SESSION**

\* All responses provided by Doug Morgan, DSS Director

**Topic:** The All Titles Meeting

**Question:** In which hotel will the All Titles Meeting be held?

**Response:** The meeting is slated for the Marriott Wardman Park, near Woodley Park in NW Washington. The hotel is located adjacent to Connecticut Avenue, near the National Zoo.

**Question:** Should grantees who are traveling from out of town arrive the previous night?

**Response:** Yes. In addition, participants should be advised that the Title III, Clinical Medical Directors Meeting will occur at the same time in the same hotel. Therefore, Title III representatives should plan to attend both meetings.

**Question:** How many Title I representatives should attend the meeting?

**Response:** Five representatives from Title I may attend the meeting.

**Question:** Will the All Titles Meeting be appropriate for providers of SPNS-funded projects?

**Response:** All grantees with relevant programs will receive an invitation to the meeting. Each division will make the ultimate determination of what programs are relevant.

#### **IV. PRESENTATION - THE MINORITY AIDS INITIATIVE**

**Doug Morgan, DSS Director**

**Melanie Weiland, DSS Senior Public Health Analyst**

*This section refers to the Title I Dear Colleague Letter related to the 2002 Minority AIDS Initiative and in the recently disseminated Frequently Asked Question & Answer (Q&A) Report.*

The Minority AIDS Initiative (MAI) is entering its fourth year. The Initiative addresses efforts geared toward reducing disparities in HIV/AIDS and improving health care outcomes in communities of color. It seeks to accomplish the goals via culturally and linguistically appropriate providers.

Congress is still concerned with HIV/AIDS disparities, especially the incidence and prevalence among communities of color. This is evident in the continued increase in funding, which is currently at 4.8 million dollars. The concern is so strong that Congress continues to make its intent for MAI funds explicit. The current guidelines list the following standards for MAI-funded agencies:

1. Funded agencies should be located in or near the targeted communities;
2. Funded agencies should have a documented history of providing service to the targeted community;
3. Funded agencies should have documented linkages to the targeted population in order to close gaps in care and improve outcomes in highly impacted communities of color; and
4. Funded agencies should provide culturally and linguistically

appropriate services

Guidelines for the use of MAI funds for capacity development activities were revised to reflect updated language. This is displayed in question 11 on pages 8 through 10 of the Q&A Report. This language is now consistent with all other forms of communication developed since January 1, 2002.

### **DEVELOPING THE PLAN FOR THE USE OF 2002 FUNDS**

*\*Questions 4 through 12 in the Q&A Report focus on this topic.*

This year, grantees must submit an electronic as well as a hard copy of their 2001/2002 MAI plan and subsequent interim and final reports. The first of these documents is due on Friday, June 14, 2002. However, grantees are instructed to utilize pre-existing processes, developed by the planning council, to disseminate MAI funds. In addition, grantees should utilize the same priority-setting policies and procedures used to disseminate other Title I funds. Grantees should not forget that the priorities must be based on identified needs.

Grantees should consider all capacity development and service needs while evaluating the program and developing a plan. Since funding levels are unknown to the grantees at the time of grant/application preparation, funded activities must be tracked individually. Therefore, grantees are required to submit a separate MAI plan, which includes the following information:

1. Description of services offered;
2. Expected number of clients served (separated by race and ethnicity);
3. Description of new and expanded services; and
4. Expected outcomes

Grantees should develop a detailed and comprehensive plan to serve as the benchmark for tracking progress for the remainder of the year.

Another process that has remained unchanged is the reporting format, which should be in summary form. This information should include among other things, a description of the services offered to each racial/ethnic group.

The definitions for “infants”, “children” and “youths” represents one of the changes to the reporting format. These definitions were altered to match those used in the 2002 CARE Act Data Report. Another change to the reporting format is the list of services that MAI dollars can be used to fund. Again, these changes were made to make MAI reporting consistent with the new CARE Act Data Report.

One of the issues raised regarding the change to allowable activities centers

around the prohibition on the use of MAI dollars for quality management activities. Although these funds are not allocated for this purpose, MAI services should be included in pre-established quality management programs. For more information regarding this issue, please see question 12 in the Q&A Report.

### **CONTRACTING FOR SERVICES**

*\*This topic is covered in the Q&A Report from questions 13 through question 16.*

One of the points of emphasis this year is that the guidance is tailored to reflect the language of the Congressional report. As it relates to contracting services and provider criteria, the report lists the following objectives in question 13 of the Q&A Report:

1. Providers should be located in or near the targeted community;
2. Providers should have a documented history of providing services to the targeted community;
3. Providers should have pre-established, documented linkages to the targeted community; and
4. Providers should offer services in a culturally and linguistically appropriate manner

Locating contractors from within a specific EMA that meet the criteria, may present some difficulty especially where services and resources are scarce. In such an event, the EMA should seek providers who have the capacity to attain the stated goals. At the very least, the prospective provider should have a history of providing quality services to the targeted community.

Item 13 of the Q&A Report includes some guidance for developing culturally and linguistically competent language that is specific to contracting providers. This information is available at [www.omhrc.gov](http://www.omhrc.gov).

### **TRACKING AND REPORTING PROGRAM RESULTS**

*\*This topic is covered in sections two and three of your Q&A Report, questions 17 through 23.*

There were no changes made regarding tracking services, clients, or outcomes. Grantees who have questions in these areas should direct them to their project officers. Grantees may also receive resolution through any of the available technical assistance resources offered by the Bureau.

Currently, there is no identified method for tracking funded activities aimed at reducing disparities in health outcomes among specific populations, within the CARE Act Data Report. Therefore, it is necessary to submit interim reports as well as the annual report. Grantees should keep in mind that clients and outcomes must be tracked by specific racial/ethnic group. This is

the only way that the impact of these funds in communities across the nation can be measured.

An interim report for the first six months of the program is due on Tuesday, October 1, 2002. The annual report, which focuses on the remainder of the year, is due on June 2, 2003. To assist in the reporting requirements, the Bureau will forward the electronic reporting format and instructions to each grantee within the next week.

## **V. PRESENTATION, QUESTION & ANSWER SESSION**

**Topic:** Community Linkages

**Question:** Please give examples of “linkages to communities”.

**Response:** (Melanie Weiland): There are several ways providers can demonstrate a linkage to a community. However, if there is any question, the EMAs might consider having board members (e.g. advisory board or board of directors) assist in assessing prospective providers.

**Topic:** Community Linkages

**Question:** Providers everywhere are being pushed to have linkages with key points of access and entry. Is it necessary for the Minority AIDS Initiative provider to possess linkages separate from any other service provider, for example community based organizations, hospitals, or a detox center?

**Response:** (Melanie Weiland): The Bureau cannot be specific as to exactly how grantees will evaluate their linkages to the community. There appears to be some confusion here in definition of terms. “Linkages to the community” implies that the contracted providers have established links to the communities they actually intend to serve. For example, if the focus is African American women, there should be links in the community that connect directly to that service group.

Please note that this is different from the Bureau’s new requirements and Reauthorization. Under the new statute, contracted providers must establish general linkages with agencies or organizations, particularly those that deal with HIV positive clients not in care.

**Topic:** CDC vs. Epidemiologic Trends of HIV/AIDS and Funding

**Question:** Question number 9 on page 10 of the April 3<sup>rd</sup> version of the Q&A Report addresses a passage contained in the Congressional report, which accompanied this year's appropriation. The passage states "these funds (Minority AIDS Initiate funds) are for activities that are designed to address the trends of the HIV/AIDS epidemic in communities of color based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality, among ethnic and racial minorities as reported by the Centers for Disease Control and Prevention." Will the CDC provide these data and should we consider them the most recent?

**Response:** (Doug Morgan) The quote is from the Congressional report and that is their basis for making decisions regarding the need for this service. HRSA HAB does not plan to provide grantees with this data. Nevertheless, grantees should consider this information when developing their plan.

**Topic:** CDC vs. Epidemiologic Trends of HIV/AIDS and Funding

**Question:** In that case, should grantees use their local epidemiologic data?

**Response:** (Doug Morgan) Grantees should use local epidemiologic data to guide their planning process for MAI funds as well as for their general funds. Again, if grantees are appropriately identifying individuals and communities of color, who are not in care or whose needs are not being fully met, they should also identify their needs. Once the needs are identified, the provider can target the appropriate resources toward that population.

**Topic:** Funding Selection Criteria

**Question:** Would it be acceptable to procure primary medical care services, utilizing MAI funds, from a government clinic that has a client advisory board?

**Response:** (Doug Morgan) Please refer to the four points located in the document regarding this issue. The criteria are not mutually exclusive. Instead, they should be taken in their entirety. If potential providers are located in the communities they are going to target; have a history of serving that community; possess linkages to that community and provide culturally and linguistically appropriate services, then that potential provider should be considered.

**Topic:** Provider Selection Criteria

**Question:** Should a provider, whose board and staff are not 51 percent minority, but possess a client base that is 71 percent minority, still garner consideration?

**Response:** (Doug Morgan) The Bureau has taken that position in prior years, as guided by the Congressional language. However, the language was changed this year. The Office of the General Counsel has encouraged the Bureau to utilize these funds for contractors that meet the criteria outright. While this provider in question seems to have a track record in a particular community, the grantee should weigh the merits of this provider against other qualified providers. In other words, the grantee, utilizing their pre-established contracting process, will have to make the ultimate decision.

**Question:** Please elaborate further on whether or not the fact that provider's board and staff are not 51 percent minority should still be included as part of the language in the provider's applications during the selection process.

**Response:** (Doug Morgan) Yes, that language can continue to be used if the provider feels that the contracting process is one that is consistent with how they want to address the needs of communities of color. The Bureau did not include that language in this year's document, however it did include the four points that have served as the Office of General the General Counsel's guidance to the Bureau. Obviously, individual grantees should consider each case on an individual basis, and without that context, it is too difficult to elaborate further.

**Topic:** Reporting Deadlines

**Question:** Is it possible for providers of these services to actually get the reports directly from HRSA so that they can be submitted to the grants administrator in a timely manner?

**Response:** (Doug Morgan) The Bureau attempts to provide this information to grantees in more than just a timely manner. It is the goal of the Bureau to disseminate this information with enough time for grantees to prepare reports and receive feedback. The provider-generated Cross Title Data Reporting System has specific due dates and that information goes

directly to providers as a requirement under that system. That may include SPNS grantees as well.

**Topic:** Early Intervention Services

**Question:** In the past there have been concerns about using CARE Act dollars for counseling and testing. What is HRSA's position on using MAI funds for this purpose?

**Response:** Please email your question to your project officer.

## **VI. CLOSING ANNOUNCEMENTS**

Grantees face particularly interesting concerns at the local level. Unfortunately, this forum is not long enough to address them all. Nevertheless, the Bureau hopes it has impressed upon its grantees the importance Congress has placed on the use of Minority AIDS Initiative (MAI) funding and the level of accountability it requires from all Department of Health and Human Services agencies as it relates to these funds.

To further the learning process, the Bureau will ask several grantees to participate in information sessions regarding MAI funding, during the upcoming All Titles Meeting.

For additional information regarding this conference call, previous calls in the Title I conference call series, or to make suggestions for future conference calls please send communiqués to:

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The next Title I conference call is scheduled for May 14, 2002 at 4:00 p.m. Eastern Time.